

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020606

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. \_\_\_\_\_ Registrar's No. 16

STATE FILE NUMBER

**FILED MAY 27 1963**

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Edina</u>		c. CITY OR TOWN <u>Edina</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>FRED</u> <u>MUTCHLER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>14Feb1890</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>73</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>wood-worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Nebraska City, Neb.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Wesley Mutchler</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Blastingame</u>	
14. NAME OF HUSBAND OR WIFE <u>Rebecca M. Mutchler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mr. John A. Mutchler</u>		Address <u>Burlington, Iowa</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Coronary thrombosis</u>		
DUE TO (c) <u>Arteriosclerosis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:45</u> a.m. <u>PM</u> Month, Day, Year <u>5/11/63</u>		20d. CITY, TOWN, OR LOCATION <u>Edina, Mo.</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. COUNTY <u>Mo</u> STATE <u>Mo</u>	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. CITY, TOWN, OR LOCATION <u>Edina, Mo.</u>	
21. I attended the deceased from <u>5/11/63</u> to <u>5/13/63</u> and last saw her alive on <u>5/13/63</u> Death occurred at <u>5:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5/14/63</u>	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Edina, Mo.</u>	
23a. BURIAL CREATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>15May1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Edina, Mo</u>
24. FUNERAL DIRECTOR <u>HUDSON-RIMER FUNERAL HOMES</u>		25. DATE RECD. BY LOCAL REG. <u>May 14 - 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me,~~

or by James L. Davis Student Embalmer No. 666  
working under my personal supervision.

Student James L. Davis  
Signature of Student Embalmer

Signed A. J. R. [Signature]

Licensed Embalmer No. 5041

P. O. Address Edina, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.